FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

## **Notice of Dissolution**

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM	(Rev. 02/96)
DR-3	•
NOTICE OF	
DISSOLUTION	
For Office Use Only	
Comm. #	
Indexed	
Audited	
Computer	
Certified Date of Dissolution	

 $_{
m APR}~1~2~200$  COMMITTEE NAME

PARRIOTT	FOR Sh	eriff	
	Street		
702 S. Redb	ud Ridge	_	
. C	ity, State, Zip Code		
MT Pleasan	A, IOWA	52641	
	Area Code	Telephone	_
	319, 385-1	918	
fective date of dissolution:			
,		<b>.</b>	,
4-9-04	(0/	<u> </u>	<i>¥</i>
· · · · · · · · · · · · · · · · · · ·		•	

Official Name of Committee

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I. the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Signature of Treasurer

Signature of Candidate - Required for Candidate's Committee

Date signed

## WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.